JUN 0 6 2005

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## **FAX COVER SHEET**

Date: Monday, June 06, 2005

Number of Pages: Cover sheet plus 2 page(s)

To: Examiner Phong Nguyen

Company: U.S.P.T.O.

Your Reference: Serial No. 10/630,342

Fax Number: 703-872-9306

From: John V. Daniluck (jdaniluck@uspatent.com)

Our Reference: 11009-22

Comments: Enclosed with this transmission are the following:

> Fee Transmittal

> Credit Card Payment Form (PTO-2038)

> Petition for Extension of Time (SB/22)

> Terminal Disclaimer (SB/26)

Amendment and Response to Office Action
 Marked Drawing Pages for FIGS. 1-5 and 8

Clean, corrected Drawing Pages for FIGS. 1-5 and 8

CONFIRMATION OF RECEIPT REQUESTED IF CHECKED:

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Danille

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11009-22:JVD:348542 WEMMH/SB/17 (12/04)
OMB 0851-0032
U.S. Patent end Tredemark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| FEE  | Complete if Known                                    |          |  |  |                 |                          |            |                |
|--|--|----------|--|--|-----------------|--------------------------|------------|----------------|
| FEE TRANSMITTAL<br>FOR FY 2005   |  |          |  | Application Number 10/830,342                                  |                 |                          |            |                |
|  |  |          |  | Filing Date  |                 | July 30, 2003            |            |                |
| Effective 12/08/2004.  |  |          |  | First Named Inventor   |                 | 9724                     |            |                |
| Fees pursuent to the Consolidated Appropriations Act (H.R. 4818).  Applicant claims small entity status. See 37 CFR 1.27   |  |          |  | Group Art Unit Examiner Name                                   |                 |                          |            |                |
| Total Amount of Payment (\$) 1,430   |  |          |  | Attorney Docket Number   |                 | Phong Nguyen<br>11009-22 |            |                |
|  | 32   |          |  |  |                 |                          |            |                |
| METHOD OF PAYMENT (check all that apply)   |  |          |  |  |                 |                          |            |                |
| Check Condition Credition Country Coun |  |          |  |  |                 |                          |            |                |
| Deposit Account: Deposit Account Number 23-303   |  |          |  | Deposit Account Name Woodard, Emhardt, M<br>McNett & Henry LLP |                 |                          |            |                |
| The Director is authorized to: (check all that apply)  Charge fee(s) indicated below  Credit eny overpayments  Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees   |  |          |  |  |                 |                          |            |                |
| Charge fee(s) Indicated below, except for the filing fee to the above-identified deposit account.  |  |          |  |  |                 |                          |            |                |
| FEE CALCULATION:   |  |          |  |  |                 |                          |            |                |
| 1. BASIC FILING, SEARCH AND EXAMINATION FEES   |  |          |  |  |                 |                          |            |                |
| Anniinetian Du   | FILING FE  |          | _  | Arch Fees  | -414 -          | EXAMINATION              |            |                |
| Application Ty   | <u>pe Fee(\$) S</u>                                  | Fee (\$) | Fee (  | <u>Small Er</u><br>Fee (9                                      |                 | Fee (\$) S               | Fee (\$)   | Fees Paid (\$) |
|  |  | 3.00.101 |  | 1001   | 21              |                          | 100 (0)    |                |
| Utility  | 300  | 150      | 500  |  | •               | 200                      | 100        | <del></del>    |
| Design   | 200  | 100      | 100  | 50   |                 | 130                      | 65         |                |
| Plant  | 200  | 100      | 300  | 150  |                 | 160                      | 80         | <del></del>    |
| Reissue  | 300  | 150      | 500  | 250  |                 | 600                      | 300        |                |
| Provisional  | 200  | 100      | 0  | 0  |                 | 0                        | 0          |                |
| 2. EXCESS CLAIM FEES  Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each Independent claim more than in the original patent Multiple dependent claims Total Claims Extra Claims Fee Paid (\$) Multiple Dependent Claims  Multiple Dependent Claims  |  |          |  |  |                 |                          |            |                |
|  |  |          |  | 4  | Medical D       |                          |            |                |
| 24 -21 or l<br>(HP = highest number<br>Indep, Claims   | HP = 3 x<br>r of total daims paid fo<br>Extra Claims |          | 150<br>0)<br>Fee Paid 0                          | _<br>1   | <u>Fee (\$)</u> | <u>Fee Pa</u>            | id (\$)    |                |
| 3 -3 or HP = 0 x = (HP = highest number of independent claims paid for, if greater than 3)   |  |          |  |  |                 |                          |            |                |
| 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)   |  |          |  |  |                 |                          |            |                |
| 4. OTHER FEE(S)  Fee Paid (5)  |  |          |  |  |                 |                          |            |                |
| Non-English Specification. \$130 fee (no small entity discount)  Other: Terminal Disclaimer (\$130), 3 Month Extension of Time (\$1020)  |  |          |  |  |                 |                          |            |                |
|  |  |          |  |  |                 |                          |            |                |
| SUBMITTED BY:  |  |          |  |  |                 |                          |            |                |
| Name (PrintType): John V. Daniluck   |  |          |  | Registrat<br>(Attornay   | 1 4             | 0,581                    | Telephone: | (317)834-3458  |
| Signature: Atlanihide Date: 6 VUNE 2005  |  |          |  |  |                 |                          |            |                |
| CERTIFICATE OF FACSIMILE TRANSMISSION  |  |          |  |  |                 |                          |            |                |
| I hereby cartify that this correspondence is being directed to the Commissioner of Patents via facsimile to the Examiner of record at 703-872-9308 on June 6, 2005.  |  |          |  |  |                 |                          |            |                |
| Name (Print/Type) John V. Daniluck   |  |          |  |  |                 |                          |            |                |
| Signature  | 1 Van  | ilude    | <del>)                                    </del> |  | Date            | 6 JUA                    | E 200      | 25             |